

Results: The patient was observed to return to a pain free stable functional wrist without use of splints and an increase in her activities of daily living. The patient developed two complications. A screw protruded dorsally on each side of the patients' skin, causing discomfort. Both screws were subsequently removed which did not affect the stability of the wrists.

Conclusions: Our method of fusion for the flail rheumatoid wrist provides a stable construct allowing the patient to gain useful pain free function without the use of splints. To date, there is no case report in the literature that has been described using this method.

0267 NATIONAL SELECTION FOR ST3: WHAT DO YOU REALLY THINK?

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Aim: National Selection for ST3 in Otolaryngology in England was carried out for the first time in April 2010. This was amongst active debate regarding this process of selection to higher surgical training in both ENT and other surgical specialties. Our objective was to formally collate viewpoints of all those involved in single centre national selection.

Methods: A nine question survey was distributed to trainees in both ENT and eight other surgical specialties at the annual conference of the Association of Surgeons in Training (ASiT), regional ENT Trainee meetings and an online version was posted on the Association of Otolaryngologists in Training (AoT) members forum.

Results: A total of 380 completed surveys were analysed. Only 21% were in favour of Single-Centre National Selection. More than 80% thought that trainers should be involved in selecting the trainees that would be working for them. 67% were in favour of a nationally coordinated application process with multicentre interviews.

Conclusion: The results show that there are strong concerns from both trainees and consultants from around the country that the current National Selection system does not allow local trainers to be engaged in recruitment and that a system which allows this input would be preferred.

0268 HIP FRACTURE SURGERY AND OBTAINING CONSENT: IS THE PROCESS TRULY INFORMED?

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Introduction: With current trends in life expectancy and the increasing prevalence of osteoporosis, treatment of fragility fractures places considerable demands on the NHS. Hip Hemiarthroplasty and Dynamic Hip Screw (DHS) remain the two most common operative procedures for management of hip fractures. An informed patient is one with a clear understanding of the proposed procedure and associated risks/complications.

Aim: To determine adequacy of the consent process for Hip Hemiarthroplasty & DHS.

Methods: N=100 (50 Hemiarthroplasty/50 DHS). Consent forms were analysed and information compared to that included on British Orthopaedic Association (BOA) endorsed procedure specific Orthoconsent consent forms.

Results: Hip Hemiarthroplasty: Grade of surgeon obtaining consent: SHO 86%, Registrar 8%, Other 6%.

Risks/Complications documented: DVT 66%, Bleeding 94%, Pain 40%, LLD 20%, Dislocation 62%, Infection 100%, Altered wound healing 6%, Nerve injury 84%, Fracture 26%, Vessel injury 58%, PE 62%, Death 20%.

DHS: Grade of surgeon obtaining consent: SHO 78%, Registrar 4%, Other 18%. Risks/Complications documented: DVT/PE 66%, Bleeding 94%, Pain 50%, Infection 100%, Catheterisation 0%, LLD 4%, AVN 26%, (46% for Intracapsular #NoF < 65 yrs), Stiffness 24%, Nerve injury 50%, Fracture 16%, Vessel injury 40%, Death 26%.

Conclusion: Current documentation of consent for Hip Hemiarthroplasty and DHS does not satisfy BOA endorsed guidelines. It may be argued that in some instances consent is therefore not truly informed.

Addressing this aspect of the consent process will improve patient understanding and expectations. It may also reduce the likelihood of patient dissatisfaction, complaints and litigation.

0269 DOES ESSENTIAL DISCHARGE INFORMATION OF SURGICAL PATIENTS ARRIVE WITH GENERAL PRACTITIONERS IN A TIMELY FASHION?

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Aim: To establish the most efficient method of discharge letters arriving with general practitioners.

Introduction: Patient information from emergency and elective hospital surgical admissions arriving to general practitioners in a timely fashion is paramount.

Methods: All inpatient discharge letters from November 2009 were analysed to compare audit form (EMAS) and standard formulated discharge letters.

Results: 126 discharge letters (70 emergencies, 50 elective, 5 ward transfers, 1 unclear) were analysed (M:F 56:70). Inpatient stay ranged from 0 to 39 days. Number of days from discharge to dictation was higher for standard formulated discharge letters (Average 18.9, Min 2, Max 104) than audit form discharge letters (Average 11.04, Min 1, Max 14). EMAS letters had a higher number of days from dictation to typing (EMAS Average 3.94, Min 0, Max 14, Standard formulated Average 3.48, Min 0, Max 10). 15 discharge letters were not completed.

Conclusion: There is a significant time delay in discharge letters arriving to General Practitioners and discharge letters not completed. Currently the EMAS system appears to be faster however a new system is required. An electronic discharge system would ensure General Practitioners receive timely, correct, legible patient information including drug changes and improve patient safety.

0272 THE ROLE OF PREOPERATIVE DUPLEX ULTRASOUND AS AN ALTERNATIVE TO CONVENTIONAL ARTERIOGRAPHY IN DESIGNING THE SURGICAL STRATEGY IN PATIENTS WITH CRITICAL LIMB ISCHAEMIA UNDERGOING BELOW-KNEE REVASCULARIZATION

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Background: Conventional angiography (CA) is the gold standard for the pre-operative evaluation of the lower limb arterial tree despite well documented associated risks. Duplex ultrasound (DUS) is a non invasive alternative technique.

Aims: To investigate the role of DUS as a sole pre-procedural imaging study in patients undergoing below-knee revascularization.

Methods: A systematic review was performed using articles published within the last 10 years identified by searching the databases MEDLINE, EMBASE and The Cochrane Library. Selection criteria included cohort studies with good reference standards to quantify the diagnostic ability of DUS in below-knee revascularization.

Results: Five studies were included with a total of 528 patients. Two studies showed significant agreement in 389 patients between CA and DUS in mapping the below knee arterial tree ($P < 0.05$). In the remaining 3 studies the calculated overall positive predictive value (PPV) and negative predictive value (NPV) were 93% and 90% respectively in total of 139 patients underwent DUS.

Conclusions: Although DUS has high PPV and NPV, CA is the gold standard diagnostic test in below-knee bypass surgery. DUS can replace CA as long as it can visualize at least one of the crural arteries which is in continuity of the superficial femoral artery.

0276 VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS IN ACUTE GENERAL SURGICAL PATIENTS: A 2 CYCLE AUDIT

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Background: Hospital in-patients have a tenfold increased risk of VTE. SIGN guidelines recommend all patients are individually risk assessed and receive thromboprophylaxis.